

Samuel D. Jackson #87458-008
 Name and Prisoner/Booking Number
 United States Penitentiary
 Place of Confinement
 PO Box 24550
 Mailing Address
 Tucson AZ 85734
 City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

IN THE UNITED STATES DISTRICT COURT
 District of Arizona

Samuel D. Jackson
 (Full Name of Plaintiff) Plaintiff,

vs.

(1) Federal Bureau of Prisons
 (Full Name of Defendant)

(2) United States of America

(3)

(4)

Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

CV 18-0439 TUCJGZ PSOT

CASE NO.

(To be supplied by the Clerk)

CIVIL RIGHTS COMPLAINT
 BY A PRISONER

- ☒ Original Complaint
☐ First Amended Complaint
☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☐ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☒ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).

☒ Other: FTCA 28 USC 2671-80

2. Institution/city where violation occurred: U.S. Penitentiary Tucson

B. DEFENDANTS

1. Name of first Defendant: Federal Bureau of Prisons. The first Defendant is employed as:
Federal Agency at USP Tucson.
(Position and Title) (Institution)
2. Name of second Defendant: United States of America. The second Defendant is employed as:
Federal Government at USP Tucson.
(Position and Title) (Institution)
3. Name of third Defendant: _____. The third Defendant is employed as:
_____ at _____.
(Position and Title) (Institution)
4. Name of fourth Defendant: _____. The fourth Defendant is employed as:
_____ at _____.
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? _____. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

COUNT I

1. State the constitutional or other federal civil right that was violated: Violation of 8th Amendment and FTCA 28 USC 2671-80

2. **Count I.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

- | | | | |
|--|-----------------------------------|---|--|
| <input checked="" type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer <input type="checkbox"/> Threat to safety <input type="checkbox"/> Other: _____ | | | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

The plaintiff is missing his teeth and has a medical need for dentures without which the plaintiff is unable to consume most types of food and as a result has complications resulting therefrom including weight loss, hunger, degradation of bones beneath the gums, and severe pain when the plaintiff eats foods which are too hard to consume without pain. The dentist, an employee of the BOP and United States, medically determined the plaintiff needed dentures years ago, however due to cost the agency refuses to supply all inmates with dentures for time periods ranging from 5 to 10 years at USP Tucson. Such practices are not consistent with community standards of care for individuals requiring dentures pursuant to the clinical standards of dentists.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

Bone loss, constant injury to gums, weight loss, severe pain, hunger, mental and emotional anguish.

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Count I? ☒ Yes ☐ No
- Did you appeal your request for relief on Count I to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

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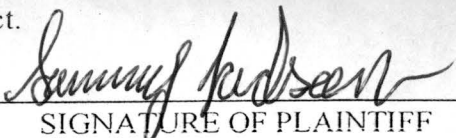
E. REQUEST FOR RELIEF

State the relief you are seeking:

(1) Injunction requiring the defendant BOP to (i) provide the plaintiff with dentures immediately and (ii) enjoin the defendant BOP from failing to supply inmates needing dentures with such in excess of 90 days.
(2) Award damages against the United States pursuant to the FTCA in the amount of \$500,000.00

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____
DATE


SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.